

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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5						
6		5				
7		5				
8		5				
9		5				
10		5				
11	1		1			
12		1		1		
13		1		1		
14		1		1		
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50						
TOTAL IND.			2			
TOTAL DEP.			20			
TOTAL CLAIMS			22			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

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